FORM **DSA-209** Rev. 02/11

EIDEDDOOEING DENGITY TEST DEDOOT

F	IREPROOFING DI		EST REPU	JRT		
School District:Attn:		LEA #:	DSA FILE #: DSA APPL #:			
		Exp. Date:				
Project Name:						
			Report Date:			
		Sample Date:				
Manufacturer:	Lo	t #: T				
Project Specification	on / Minimum Density (pcf):_					
Sample #	Sample Location	Specimen Area (sq. in.)	Average Thickness (in.)	Dry Density (pcf)	Pass/ Fail	
Applicable ACTM Too	st Mathada.					
Applicable ASTM Tes REMARKS:	st Methous					
			ADDITIONAL COMME	NTS (DSA-211) A	TTACHED.	
The Material was was not Sampled and Tested in Accordance with the Requirements of the DSA Approved Documents.			The Material Tested MET DID NOT MEET THE REQUIREMENTS OF THE DSA APPROVED DOCUMENTS.			
cc: Project Architect Structural Enginee						
Project Inspector DSA Regional Office		Signature	Signature Date			
EODM DO 1 000 (000(000)		Print Name	Print Name / Title			